was performed by a blind evaluator for the groups. Descriptive analyses were carried out.

Results: Infants of EG participated in 7 (53.84%) types of activities in the home environment, and presented a frequency mean of 3.38 ($\pm$0.0), while in the CG between 7 and 8 (58.97%) activities and showed a mean frequency of 3.89 ($\pm$0.31). In motor development, the EG obtained a mean total score of 17.6 ($\pm$2.51), percentile <5; while the CG, a mean of 23.67 ($\pm$5.50), percentile between 10 to 25.

Conclusion: Preterm infants presented less motor development and participation at home when compared to full-term infants. Further studies with larger sample sizes and in different contexts, such as in the community, are recommended.

Implications: Knowledge about prematurity and its impact on motor behavior and participation is essential for early intervention to support the demands of each family. The infants participation is correlated with motor performance; therefore, these factors need attention in the first months of life, a period of intense neuroplasticity of the central nervous system.

Keywords: Preterm infants, Participation, Child development

(lean mass/height²) was evaluated by dual-energy X-ray absorptiometry (DXA). The intervention lasted 16 weeks, starting after the release of group physical exercises, due to the COVID-19 pandemic scenario, and reassessed shortly after 16 weeks of intervention. A generalized mixed linear model was used to analyze the data (fixed factors: time, group and interaction and random factor: subjects).

Results: The sample had a predominance of 74% females, a mean age of 74.45 $\pm$ 6.1 years, body mass of 69.41 $\pm$ 15.43 kg. Both groups showed an increase in lean mass index (estimated marginal means: 0.217, CI: 0.01 to 0.42, p < 0.038). There was no group effect and no interaction between group and time. In this way, both groups obtained improvements in the lean mass index.

Conclusion: SMS to reduce SB did not potentiate the effects of Multi on the lean mass index of older adult participants in a group physical exercise project.

Implications: The provision of multicomponent physical exercise programs for the older adults, with characteristics similar to the sample of this study, may be sufficient to improve the lean mass index.

Keywords: Older adults, Body composition, Sedentary behavior

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DOES THE ADDITION OF SELF-MANAGEMENT STRATEGIES FOR REDUCING SEDENTARY BEHAVIOUR TO MULTICOMPONENT TRAINING IMPROVE LEAN MASS INDEX?

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Background: In the aging process, changes in body composition occur, with an increase in fat mass and a decline in lean mass, and this decline is closely related to functional dependence and the appearance of disabilities. Physical exercise can directly cause changes in body composition. However, studies show that a long time spent in sedentary behaviour (SB) can lead to a reduction in functional independence and an increase in mortality, regardless of physical exercise. Despite this, evidence is still needed to verify whether the reduction in CS can have positive effects on body composition.

Objectives: To assess whether the adoption of self-management strategies (SMS) in multicomponent training (Multi) compared to isolated multicomponent training can improve the lean mass index of older adults who were physically active before the pandemic.

Methods: A single-blind, randomized, controlled clinical trial was performed. Forty-five elderly participants in a multi-component group physical exercise project were divided into two groups: Multi and Multi + AG. The Multi consisted of aerobic exercises, muscular resistance, balance, and flexibility (3x week, 50 minutes/session). The SMS consisted of setting goals and weekly telephone follow-ups by a professional trained in these strategies. The lean mass index

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PROFILE CHARACTERIZATION OF PARTURIENTS WHO HAD VAGINAL BIRTH IN A PUBLIC HOSPITAL OF BRASILIA IN THE FIRST SEMESTER OF 2019

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Background: In 2019, there were 42.422 deliveries in Distrito Federal, of those that 45,45% were vaginally, and 54,52% were caesarean sections according to Live Birth Information System. Considering the presented data, studies reaffirm the high rate of caesarean sections. Public measures were adopted to follow the global recommendations, that from all the births less than 15% should be caesarean sections. The Rede Cegonha include actions to ensure the quality, security and humanization of the service available to the women, since the pregnancy to the first two years of the child's life. Therefore, this study presents the relevance of the monitoration from the ways of birth and the impacts from each one.

Objectives: Analyze the most prevalent vaginal birth parturients profile from a hospital in Brasília in the first semester of 2019.

Methods: This study consist in a descriptive cross-sectional study, wich analyze medical records from a hospital in Brasília, in 2019 from January to June. The excluded criteria were twin pregnancy and illegible letters, and the included criteria were: vaginal birth. The analysis consists in sections, the describe the sociodemographic, parturient clinical profile, and newborn data.

Results: Among the study's eligibility criteria, 437 medical records were selected. For characterization of the sociodemographic

profile, it was observed that 51,72% comprises the age group between 20 and 29 years, 66,13% had brown-skinned, 42,33% were single, 38,44% lived in Águas Lindas, 56,75% completed high school. Concerning the clinical data, 59,27% were multiparous women, 25,63% completed 39 weeks pregnant, 54,23% weren't induced, 51,59% didn't use anesthesia, 55,15% of the births were in lithotomy position, 29,06% had second-degree laceration, 91,76% didn't have an episiotomy, and 94,05% had a companion. Regarding the new-born's data, the mean weight was 3,15kg, the mean length was 48,4cm, the mean head circumference was 33,8cm and the mean of the first APGAR was 8,1.

Conclusion: With the presented data, it's possible to conclude that the vaginal birth's parturients' characterization it's variable in the majority of the analyzed factors and even though it was observed good obstetric practices, such as the presence of a companion and a few cases of episiotomy, it's still necessary the implementation of methods that reduce the risk of perineal injury, and comprehend the reason that most of the births are realized in lithotomy position, that biomechanically aren't favorable to the birth.

Implications: Many resources can be used to reduce the risk of perineal injury, and much of them are studied by obsthetric physical therapy. Therefore, it's necessary to encourage the education of the benefits that other positions, besides the lithotomy, can bring in the moment of the birth.

Keywords: Natural Childbirth, Demography, Maternal and Child Health

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REFERENCE VALUES FOR PEAK EXPIRATORY FLOW OF BRAZILIAN ELDERLY PEOPLE IN THE AMAZON REGION

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Background: Peak Expiratory Flow (PEF) is a variable widely used to assess the effectiveness of coughing and to identify airway obstruction. This measurement can be obtained using the Peak Flow Meter, a portable equipment that is easy to access, perform and handle. However, specific studies that propose reference values for the Brazilian elderly people are still scarce.

Objectives: To describe PEF scores according to age group and propose reference values for community-dwelling elderly in the Amazon region.

Methods: Cross-sectional study carried out with community-dwelling elderly in Macapá, Amapá. The PEF was evaluated using an expiratory flow meter and the sample characterization data were collected through a semi-structured questionnaire. A descriptive statistical analysis of the data was carried out using means,

standard deviations, absolute values, percentages, and percentiles P10, P20, P30, P40, P50, P60, P70, P80, P90 stratified by sex and age groups (60-64; 65-69; 70-74; 75-79; 80 or more).

Results: A total of 409 elderly people were evaluated, of whom 138 (33.74%) were men and 271 (66.26%) were women. The largest number of seniors evaluated in total was in the age group of 60 to 64 years (n=110), with the highest mean value obtained from PEF, both for the total sample (307.20±137.03 L/min) and for men (n=44; 407.04±130.35L/min) and women (n=66; 240.65±94.88L/min). PEF was reduced with advancing age in both sexes, with a decrease of 167.71±35.53 L/min for men and 67.94±29.27 L/min for women, in the elderly age group younger that elderly people with more advanced age. PEF normative values with scores distributed in ascending order according to the 10th percentile (worst value) were 122L/min, 205L/min and 110L/min, and the 90th percentile (best value) were 500L/min, 575L/min and 360L/min, respectively of the total sample, men and women.

Conclusion: The present study provides PEF reference values for a representative sample of community-dwelling elderly in the Amazon region, according to gender and age group.

Implications: Based on the reference values developed in our study, it is possible to help physiotherapists in clinical practice during the evaluation of PEF measurements in the elderly, in relation to normal values for a given age group and gender. Additionally, based on studies such as ours, there is an incentive for health professionals to pay greater attention to the respiratory health of the elderly population, because although respiratory diseases are the main causes of morbidity and mortality among the elderly, they still need to be included in models of geriatric assessments.

Keywords: Aging, Peak expiratory flow rate, Reference values

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REFERRAL TO PRIMARY HEALTH CARE PHYSIOTHERAPISTS IS ASSOCIATED WITH CLINICAL AND SOCIODEMOGRAPHIC VARIABLES: A RETROSPECTIVE STUDY

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Background: Low back pain (LBP) is a public health concern. The referral process to the Physiotherapist in Primary Health Care (PHC) should be assessed, as it improves disability and reduces the use of low-value resources, though there is a need for consolidation within SUS.

Objectives: To investigate whether sociodemographic and clinical variables explain referrals to Physiotherapists working at NASF units (Expanded Family Health Center) in the Federal District. Secondarily, to characterize the referral time and frequency of resource use.

Methods: This is a 12-month retrospective cohort (2018/2019) consisting of electronic medical records of 48 individuals. Individuals